



AHS UPDATE

A Newsletter from the Academy of Health Sciences

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The *AHS Update* is a quarterly newsletter, produced by the Office of the Dean, Academy of Health Sciences (AHS), Army Medical Department Center and School. The purpose of this newsletter is to deliver the latest information regarding AHS educational offerings, training products, research, and current issues to leaders and professionals in the Active and Reserve Components of the Army Medical Department and the Military Health System.

Message from the Dean, Academy of Health Sciences

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2006 is off to a rapid start and the AMEDDC&S continues to work diligently to ensure our AMEDD personnel are fully prepared to accomplish their mission to the highest standard. "Operation Ensure Success" is the AHS' training philosophy, ensuring that AMEDD personnel have the most current and relevant training required to succeed in accomplishing their mission, whether downrange in support of OIF/OEF, preparing for deployment at NTC/JRTC, or providing safe, world-class care at our military installations.

We are updating our Deployment Relevant Training and resources on the AMEDDC&S web page to ensure the most current and relevant resources are available to our deployed AMEDD personnel. Located at <http://www.cs.amedd.army.mil/deployment2.aspx>, the site contains exportable training packages and reference hyperlinks to assist our AMEDD Soldiers in accomplishing their mission. If you have any recommendations for items to include on this site, click on the "Contact Us" link at the bottom of the site to let us know how we can better assist you.

In addition to our department chiefs' updates, this edition of the *AHS Update* has feature articles by two special guests. COL Keith Parker, **Assistant Commander for Force Integration**, AMEDDC&S, provides a summary of current initiatives in the Directorate of Combat Doctrine and Development (DCDD). COL Parker has just taken over from COL Johnny West, who is retiring. We want to thank COL West and his family for thirty great years of service! He will be missed. You will see all of ACFI's great accomplishments in COL Parker's article.

The **Tactical Combat Medical Care Course** (CPT James Rice, Course Director) and the **Army Trauma Training Center in Miami** (Dr. Don Robinson, Director, ATTC) provide pre-deployment trauma training for Level 1 and 2 providers and Forward Surgical Teams, respectively. In his featured article, COL Brian Eastridge (Deputy Chief, Trauma Surgery, BAMC) presents a summary of an exciting new trauma training program for Level 3 medical personnel--**The Joint Forces Combat Trauma Management Course**. COL Eastridge, COL John Holcomb, COL Steve Hetz and many other AMEDD and DoD physicians developed this program for Combat Support Hospital providers. This new course ensures that the AMEDD has a pre-deployment training course for each echelon of medical care on the battlefield. An exportable trauma training package combining curriculum from these three courses is under development for use at the National Training Centers, RTS-MED sites, TOE units and Military Treatment Facilities to standardize training across the AMEDD.

Very talented and combat-experienced medical personnel at the Academy of Health Sciences and across the AMEDD are developing and providing great training to ensure AMEDD personnel are the best prepared to deploy in support of a nation at war. Please let us know what we can do to help you complete your mission to the highest standard. Best of luck!

AMEDD Center and School
Assistant Commander for Force Integration
Initiatives within the Directorate of Combat and Doctrine Development

Directorate of Combat and Doctrine Development
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The Directorate of Combat and Doctrine Developments serves as the warfighter representative for research and development of medical products. The Joint Capabilities Integration and Development System (JCIDS) established in 2003 delineate this process. We have been writing or updating capabilities documents to comply with JCIDS requirements. To date, Initial Capabilities Documents (ICD) for Infectious Disease Countermeasures, Military Operational Medicine and Combat Casualty Care have been written and are being staffed in various stages from HQDA to Joint Staff. Currently, we have 9 Capability Development Documents (another step in the materiel process) in draft form that establish the parameters for a variety of vaccines, chemoprophylaxis, treatment drugs, and diagnostic and surveillance systems.

Doctrine Development.

Transition to an expeditionary modular force, development of new medical technologies and materiel, and evolution of new medical missions will drive the modification of existing doctrine. Medical command and control (C2) elements at division level and above will have no fixed task organization, and medical units will be assigned based on mission requirements. New Army missions will drive expanded medical missions to include medical support for civilian contractors, coalition forces, enemy detainees and prisoners of war. Stability and Reconstruction Operations (S&RO) and DoD transition to Joint Operations will also result in significant change to Army medical doctrine. We have produced several new documents that may be of interest: FM 4-02.10, Theater Hospitalization; FM 4-02.18, Veterinary Service; ST 4-02.46 Medical Support to Detainee Operations and ST 4-02.XX, Multifunctional Medical Battalion. We are in the process of updating FMs on Medical Logistics; Preventive Medicine; Field Hygiene and Sanitation; Stability and Reconstruction Operations; Force Health Protection for Special Operations and Planning for Force Health Protection to be completed this FY.

Medical Organization Structure.

Army Transformation will significantly affect medical organizational structure with modification of existing organizations, addition of new organizations, and elimination of others.

Command and Control: The Medical Deployment Support Command (MDSC) (MG equivalent command) replaces the Theater Medical Command to provide Army level medical C2 for a Theater of Operations. It is a regionally focused major subordinate command element of each Army Service Component Command (ASCC). The MDSC is the medical force provider to subordinate medical commands, and the commander is the senior medical advisor to the ASCC commander. It has a fixed command and staff structure and is task organized with modular medical units based on mission requirements.

The Medical Support Command (MSC) (COL level command) blends theater and corps medical brigades to provide scalable expeditionary AMEDD Battle Command (AMBC) for assigned and attached medical plugs to support a deployed division or corps. It is assigned to the MDSC as part of its force pool and is OPCON to the Sustainment Brigade in support of a deployed division/corps. It provides a full spectrum of continuous medical battle command to all assigned and attached Army BCT, division, corps, joint and multinational forces; operational medical plugs to enhance and expand BCT medical company capabilities; and supervision for Class VIII supply and resupply movement including blood management. It coordinates with the supporting Theater Patient Movement Requirements Center (TPMRC) for medical regulating and medical evacuation from multifunctional medical battalions and hospitals.

Multifunctional Medical Battalions (MMB) will be assigned to a MSC to provide C2 and life support to echelons above BCT medical companies, detachments, and teams. The MMB replaces the Area Support Medical Battalion, Medical Logistics Battalion, and the Evacuation Battalion, which were eliminated as a direct result of Army modularity. Major subordinate units in a MMB may include one or more area support medical companies, ground ambulance medical companies, and medical logistics companies, as well as combat operation stress control (COSC) teams, and veterinary, preventive medicine, optometry and dental teams.

Division and Corps Medical Staff: The Division Surgeon Cell is responsible for the technical supervision and coordination of all Force Health Protection (FHP) activities within the Division. Consisting of 19 Soldiers and led by a 60A 0-5 Surgeon, the section is assigned to the Division's Main Command Post (MCP) and maintains the capability of providing each of the Division's Tactical Command Posts (TAC 1 and TAC 2) with 4 personnel including a Deputy Surgeon (60C or 60H) and Medical Operations Officer (70H) that coordinate and synchronize the FHP mission within each TAC. The Division Surgeon Cell provides staff linkage to the Medical Support Command and medical oversight to all Brigade Surgeons assigned to subordinate BCTs and Support Brigades.

The Force Design Update of the Corps Surgeon Cell is currently under development. The Corps HQs will provide command and control from a Main Command Post and a TAC. Based on this requirement, the Corps Surgeon Cell will mirror the Division Surgeon Cell minus the 4 personnel assigned to TAC 2 and include some standards of grade changes throughout the organization. The Corps Surgeon (60A, 06), Medical Operation Officer (70H, 06), and Deputy Surgeon (60C, 05) provide the senior leadership to coordinate all FHP requirements supporting all assigned Divisional and/or Brigade assets operating in the Corps AOR.

Unit Organizational Changes: The Combat Support Hospital (CSH) is undergoing a redesign. The future battlefield dictates that the CSH become more modular and highly mobile. The AMEDD Modularity Initiative (AMI) CSH is made of modules to facilitate incremental deployment of Level III health care on the battlefield. Further refinement will enhance its flexibility for medical planners, and will include additional ICU beds and OR capability in the Early Entry Hospital Element.

Specialty care on the future battlefield has been enhanced with the creation of several modular, highly mobile medical teams. They include the COSC team; Medical Team, Optometry, which provides far-forward optometry diagnostic services and single lens fabrication capability; and Veterinary Services Detachment and Veterinary Medicine Detachment to provide food procurement/sanitation and animal care services, respectively.

The process by which we get organizational designs approved is the Force Design Update (FDU). The process is managed by TRADOC for the Army and includes review by all proponent agencies in the Army. Currently, the only EAD Transformation organizational TOE design approved by HQDA is the MMB. The COSC FDU package was approved at TRADOC and at HQDA, and the TOE is being developed at USA Force Management Support Agency.

The following organizations were redesigned to support Army Medical Department Modularity Initiative (AMI) and are currently at DA awaiting approval: MDSC; MSC; Medical Logistics Management Center (MLMC); Medical Logistics Company (MLC); Medical Logistics Support Company (LSC); Medical Team, Optometry; and the Support Brigade Medical Company (SBMC) - intended to replace the Area Support Medical Company that will have additional treatment and evacuation capability to replace those assets that were "lost" from the Main Support Medical Company in the Main Support Battalion when BCTs were approved.

Manpower and Requirements Criteria: Several Manpower and Requirements Criteria (MARC) studies have been approved by HQDA: Dental Services (June 05) - No Impact in officers; decreased enlisted by 24 requirements.; Triage/Preoperative/Emergency Medical Treatment Services (June 05) - Increased officers by 30 requirements, no change in enlisted requirements-criteria approved but implementation deferred due to lack of bill payers; Aviation Medicine - Impact of plus two officer requirements-criteria approved but implementation deferred due to lack of bill payers; Veterinary Services Support - Increase of 15 enlisted requirements.

Incorporating Lessons Learned into Product Development

As the experience of our troops and medics in theater continues to be aggressively collected and analyzed, lessons learned and critical observations are incorporated into the appropriate domains; doctrine, organization, training, leadership, materiel, personnel and facilities. Several observations have confirmed the key role played by first responders in treating casualties from the typical IED attacks frequently seen in theater. The "lethal triad" of hemorrhagic shock, acidosis, and hypothermia has emerged as a major target for life-saving interventions beginning at self aid/buddy aid and progressing through the entire continuum of care. Hemorrhage control, obviously, should begin as soon as possible after injury, which argues strongly for making sure the right equipment and supplies to stop bleeding are available at the point of wounding and at every step in the evacuation chain. A thorough review of the existing equipment and the sets, kits and outfits in which that equipment is found resulted in selection of new dressings, especially the Israeli pressure dressing; and the selection of a new tourniquet, the Combat Application Tourniquet. These hemorrhage control devices are found

in the Improved First Aid Kit (IFAK) that every soldier carries, the Warrior Aid and Litter Kit (WALK) that will be placed in every fourth vehicle, and the aid bags of both the Combat Life Saver and 91W Combat Medic.

The second piece of the lethal triad was also addressed in a similar fashion. With the successful demonstration that Hextend (High Molecular Weight Hydroxyethyl Starch 6% [Hetastarch] in Buffered Electrolyte Dextrose Solution) has significant advantages for resuscitation of trauma casualties, this fluid has become the standard in the CLS and 91W aid bags, and its use is now taught in both training programs. Feedback from the field concerning the potential hazard of this fluid in a dehydrated trauma patient or in a heat casualty resulted in an inquiry to USARIEM and ISR for a review of the science behind this fluid. The resulting information paper was distributed to DIV and BDE surgeons to reassure them that Hextend was the desired resuscitation fluid for first responders and could be used safely and effectively, even in a heat injury or dehydrated trauma patient.

Prevention and treatment of hypothermia have also been addressed from the self aid/buddy aid levels all the way to the CSH. A new Hypothermia Management Kit, combining both passive insulation of the casualty with a newly improved "space blanket" as well as active warming with a chemically-heated surface body warmer, will shortly become part of the WALK and combat medic aid bag. In addition, fluid warmers will be added to the MES of ground and air ambulances, battalion aid stations, main and forward support medical companies, FSTs and CSHs. External body warmers will also be included in the equipment sets of all elements of the continuum of care from the ambulances through the CSH.

The Joint Forces Combat Trauma Management Course

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In late October 2005, in response to a perceived need for advanced medical provider pre-deployment trauma training, a collective Tri-service effort spearheaded through the Brooke Army Medical Center and U.S. Army Institute of Surgical Research, resulted in the development of the first Joint Forces Combat Trauma Management Course. The aim of this course expanded upon previous training paradigms often favoring surgical assets with advanced trauma training. The originality of this new module is not only its more broad training aims, but more importantly, its incorporation of contemporary lessons learned into the pre-deployment trauma training package. The basic training outline is developed upon a core lecture series with break out modules for surgery, anesthesia, and emergency medicine / primary care taught over a four day cycle. Another unique attribute of this program is that it is highly adaptable to the deploying force contingent.

The first iteration of the course was presented on 25-28 October 2005 to 30 providers from the 47th Combat Support Hospital from Madigan Army Medical Center and a small contingent of trauma nurse coordinators immediately prior to deployment to Iraq. In a post course survey, the student feedback was overwhelmingly positive about the course. The success hinged largely upon the novel nature of the training. Providers commented on the utility of the course especially with practical lessons learned from combat medical veterans, many of whom had deployed to the very same regions of Iraq in the past. In a post deployment questionnaire, all feedback was again overwhelmingly positive including comments such as "this course should be a mandatory element in all combat support hospital's pre-deployment training" and a particular comment of which we are all proud, "this course saved Soldiers' lives!!!"

Due to the success of the first course, improvements have been made based upon recommendations of the first contingent. The second iteration of the course is planned for mid January with a third in late March. The cooperation amongst the services in developing and implementing this program has been commendable. We plan to continue to improve and expand this training so that every Soldier, Marine, Sailor, or Airman injured on the battlefield or in the theater of operations has the optimal chance for survival and maximal potential for functional recovery.

Academy of Health Sciences

Department Updates

Department of Academic Support and Quality Assurance

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Field Feedback Survey

The AMEDDC&S Field Feedback Survey is officially known as the U.S. Army Medical Department Center and School (AMEDDC&S) Supervisor Feedback on AMEDDC&S Training Survey - AMEDDC&S Form 1069, Rev 3 Oct 05. It is used by the AMEDDC&S to collect feedback regarding the effectiveness of AMEDDC&S Training to the Dean, Academy of Health Sciences, the Training Departments, and the AMEDD NCO Academy, by obtaining answers to the questions "How good are our graduates and training support products?" and "Do we need to change anything?". Supervisors of AMEDDC&S course graduates are highly encouraged to take this survey and give us their input to help improve AMEDDC&S courses. The survey can be accessed at the link below. This link will be active only from 1 Jan 06 to 31 Mar 06:

<https://ke.army.mil/synergy/survey.php?loc=43b3ee9333929>

American Council on Education

The American Council on Education (ACE) Team will visit AMEDDC&S 6-8 February 2006 to evaluate learning experiences occurring within the Military Services. Team members will determine the comparability of those experiences with those in the civilian academic community.

The ACE evaluation provides validation that graduates of specific Army courses have met the same standards as graduates of equivalent civilian courses. Colleges and universities determine if they will award recommended ACE credit.

The results of the evaluations are published in the *Guide to the Evaluation of Educational Experiences in the Armed Services*. The *Guide* is the standard reference used by colleges and universities to grant college credit to service members and veterans.

Staff and Faculty Development Branch Courses

The Staff and Faculty Development Branch offers a variety of courses to help prepare instructors and other staff members to work in various positions related to training and training development. For a list of courses, prerequisites and class dates visit the Army Training Requirements and Resources System web site:

<https://www.atrrs.army.mil/>

Click on "Course Catalog"; scroll down to "Course Number" and type in "5K-". Click on "Search the ATRRS Course Catalog" and a list of the courses taught at SFDB will come up. Click on the individual course you want information about. The dates of the course, prerequisites, and course description are provided. If you have any questions, call the Staff and Faculty Development Branch, DASQA, at (210) 221-8051.

Department of Clinical Support Services

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The Chemistry Branch acquired a Vitros 250 chemistry system at no cost to the AHS. Through some Navy contacts, we were offered this instrumentation that was being taken off a ship. The manufacturer is going to install the instrument in early 2006 and we will be able to offer training soon thereafter. The Vitros 250 is being used out in the theater.

Kudos to the Pharmacy Branch - they did very well on their Accreditation inspection! The American Society of Health-Systems Pharmacists (ASHP) came in late September to do their on-site inspection. All necessary documentation has been submitted and we are just awaiting the ASHP formal letter of re-accreditation.

DCSS has also honed their Quality Program in the last several months. The DCSS Quarterly Quality Indicators will be tracked through our Balanced Score Card. Our new Quality Program emphasizes indicators that are relevant and emphasize continuous quality improvement for DCSS instruction and services.

We have completed several Clinical Lab Phase II Site Visits. We have gotten some feedback that the workbook needs to be updated and we are currently working this issue. The American Society for Clinical Pathology required elements for medical laboratory technician training programs are found at http://www.ascp.org/bor/new/tech_mt/index.asp.

Department of Dental Science
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The Department of Dental Science conducts education and training for resident officer and enlisted courses as well as Dental Corps specific training. The department's MOS producing course is the Dental Assistant (91E) course. In addition the department trains additional skill identifiers (ASI) X2 (dental hygiene) and N5 (dental lab technician). Dental Science overseas expanded functions dental assistant (EFDA) training for civilian dental assistants and conducts various training for other MOS and AOC students.

In December 2005, the department completed a thorough review of critical skills that entailed an extensive data collection effort, a curriculum review committee meeting, and a subject matter expert (SME) critical task review board. The outcome will help evolve the curriculums taught across all training programs and ensure relevancy while incorporating the most current lessons learned from OEF/OIF experience. Current initiatives include an update to Technical Bulletin 250 (TB MED 250, Dental Record Administration, Recording and Appointment Control).

Department of Health Service Administration
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The Department of Health Services Administration (DHSA) has made a number of accomplishments this past quarter in new training packages, technology updates and modifications to our courses.

The **Information Management Training Branch** investigated and presented a proposal for a 70D Long Term Health Education and Training Program that incorporated: Graduate Degree Programs in Information Systems/Management Technology; Twelve CIO Chief Information Officer (CIO) Core competencies set forth in the Clinger-Cohen Act; and a compliment of Healthcare Administration courses. Both GSA and the CIO Council have asked the best graduate institutions to tailor their respective academic strengths to meet the specific requirements of the federal IT sector and its leaders. This is the first time the government has directly translated its requirements for its senior information management corps into a roadmap for universities to develop a special curriculum. The 70D Consultant approved a proposal for LTHET that affords the U.S. Army Medical Department Center and School to partner with three members of the CIO University. The CIO University is a virtual consortium of universities which offers graduate level programs that directly address executive core competencies. This consortium of universities, which includes George Mason University, George Washington University, and Syracuse University, offers graduate level programs that directly address the executive core competencies adopted by the Federal Chief Information Officers (CIO) Council. The purpose of the CIO University is to improve government by enhancing the skills of its top executives.

In the **Biomedical Maintenance Equipment Technician Training Branch**, the new learning resource center was opened for Soldiers at Sheppard AFB. The new center houses 16 new computers with state-of-the art

electronics software that Students Awaiting Training (SAT) can start utilizing right away. This will reduce idle time and allow hold-under students for Block 1, Electronic Fundamentals.

The **Logistics Management Branch** staff initiated and updated the branch web site via the AMEDDC&S web portal. Moreover, an estimated 120 computers were replaced in both classroom and office areas. Additionally, all of the branch's sixteen Programs of Instruction were completed and approved by the Dean during the past 90-120 days.

The **Patient Administration Branch** implemented a residential and mobile pre-deployment training program for Levels 2, 3 and Command and Control units of the combat health support system. The training provides the most current techniques and procedures on information systems and functional area issues to deploying Patient Administration and Medical Regulating Office personnel from Combat Support Hospitals, Division Surgeon Cells, Medical Brigades, and Medical Commands (TOE). The training program has greatly contributed to the successes of Patient Administration officers and enlisted personnel in Theater in the areas of patient movement operations (over 50,000 service members, coalition and civilians evacuated), medical record and clinical data capture (30,000 inpatient records generated and more than 75,000 e-encounters transmitted from Level 3 facilities). The training is available to Patient Administration Sections of deploying units and units mobilizing to perform MTF backfill missions.

To ensure the Patient Administration workforce is equipped with the appropriate knowledge and skills in enterprise information systems, the Patient Administration Branch has begun to implement the following systems training into its officer and enlisted curricula at the AMEDDC&S:

- (1) Composite Health Care Computer System 2 Theater (CHCS2T)
- (2) Joint Patient Tracking Application (JPTA)
- (3) Joint Medical Workstation (JMeWS)
- (4) Armed Forces Health Longitudinal Technology Application (AHLTA)

The **Human Resources Management Branch** developed a community link to the S1 Net. The S1 Net is part of an Army-wide knowledge management system supporting the flow of knowledge throughout the Human Resources (HR) Community. It provides information of Human Resources policies and programs and helps synchronize Army well-being programs in order to enhance Army readiness. The page was developed to help share thoughts, ideas, experiences, knowledge and lessons learned that are unique to only the AMEDD community. In one week of development this community page was viewed over 100 times showing its need and use.

The **US Army-Baylor University Graduate Program in Health Care Administration** was officially redesignated the Army-Baylor University Graduate Program in Health and Business Administration, to reflect the addition of a dual Master of Business Administration (MBA) degree program to the existing Master of Health Administration (MHA) curriculum. The inaugural MHA/MBA dual degree class will consist of 20 students from the Army, Navy, Air Force, Coast Guard, and the Department of Veterans Affairs. These students come from a variety of professional backgrounds, including medicine, nursing, administration, and allied health professions.

Faculty, staff, and students of the Army-Baylor Graduate Program also maintained the national recognition and prestige of the program through significant efforts in scholarship by co-authoring no less than six articles and chapters of five books either published during this period or scheduled to be published in the next six months, by presenting their research or having research scheduled for presentation at six different military and civilian professional forums, and by planning and coordinating a workshop and conference on health consequences of domestic terror and natural disaster events for the spring of 2006.

Department of Nursing Science
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US Army Graduate Program in Anesthesia Nursing (USAGPAN): The students in this Master's degree program have been involved in many exciting projects related to commonly used herbal preparations. One research group at the USAGPAN examined the popular herb, valerian, used as a treatment for insomnia and is

purported to act at the GABA_A receptor. The purpose of this study was to investigate the effects of valerian on emergence from anesthesia. Other research groups investigated the effects of Kava, St John's Wort and Passion flower, on emergence time from anesthesia through similar animal models. The student investigators theorized that rats administered these compounds may have prolonged emergence from isoflurane inhalation anesthesia. Researchers also examined the anxiolytic efficacy of chrysin, a Passion Flower extract, in rats with the added critical examination of neurohormonal modulation. Additionally, USAGPAN students investigated the effects of chrysin on natural killer (NK) cell activity in a rat model. NK cells are a small fraction of lymphocytes that are specialized to kill certain types of target cells; specifically host cells that have become cancerous. Surgery is frequently one of the first treatment options for cancer, however, a number of studies suggest that the anxiety associated with surgery suppresses NK cell activity. The students hypothesized that chrysin may be an efficacious anxiolytic that would support NK cell activity perioperatively. The students and faculty have been busy preparing and submitting their results for presentation and publication in peer-reviewed journals.

The research completed and currently underway provides information which is significant to anesthesia clinicians and patient safety that will help clarify medication and effects of herbal supplements on anesthetics.

Upcoming Training Dates: Board selected students will report to Phase I in June 2006. Any questions may be addressed to LTC Thomas Ceremuga at (210) 221-6610 or Thomas.Ceremuga@us.army.mil.

91WM6 Practical Nurse Branch: The Army's 91WM6 program continues to excel with 97% of the graduates passing their licensure boards on their first attempt as compared to the national and state average of 88%. Numerous enhancements were added to Phase I, to include curriculum updates to incorporate lessons learned from OIF/OEF, the addition of state-of-the-art simulators for realistic training, a computer lab with tutoring programs, and services to identify and assist at-risk students early on. As a result of these initiatives, attrition has fallen from 15% to 5% and students are better prepared for the challenges of Phase II and Phase III.

Upcoming Training dates: The following Phase I dates are available for the remainder of FY06. Phase I is 10 weeks in length and is followed by an additional 44 weeks (Phase II) at either BAMC, MAMC, WRAMC, EACH, or WBAMC. Questions may be addressed to LTC Patricia Le Roux at (210) 221-6172 or Patricia.LeRoux@us.army.mil.

Class Name	Report Date	Start Date	Location
06-05	30 Mar 2006	3 Apr 2006	Fort Sam Houston, TX
06-06	3 May 2006	5 May 2006	Fort Sam Houston, TX
06-07	1 Jun 2006	5 Jun 2006	Fort Sam Houston, TX
06-08	5 Jul 2006	7 Jul 2006	Fort Sam Houston, TX
06-09	10 Aug 2006	14 Aug 2006	Fort Sam Houston, TX
06-10	14 Sept 2006	18 Sept 2006	Fort Sam Houston, TX
07-01	19 Oct 2006	23 Oct 2006	Fort Sam Houston, TX

91WM3 Dialysis Technician Course: The course was updated to capture the latest innovations in the field. Starting January 2006, two classes will be offered per year. Prerequisites have changed to allow soldiers through the rank of E6 the opportunity to achieve this M3 ASI after one year experience as a 91WM6.

Upcoming Training dates: The following dates are available for the remainder of FY06. Questions may be addressed to LTC Patricia Le Roux at (210) 221-6172 or Patricia.LeRoux@us.army.mil.

Class Name	Report Date	Start Date	Location
002	25 Jun 2006	16 Nov 2006	WRAMC

91D Operating Room Specialist Course Phases I and II: The 91D Branch has been very busy hiring new instructors for their enlarging classes, taking part in local health fairs and high school visits for over 650 students, and participating in six Perioperative Nursing USAREC recruiting tours to universities and schools of nursing across the country. The faculty also conducted six Phase II site visits and worked in close coordination with five MTF Command Groups that resulted in permanent Phase II instructor positions at BAMC, WRAMC, MAMC, DDEAMC, and the Audie Murphy VA facility in San Antonio, TX.

Upcoming Training dates: The following Phase I dates are available for the remainder of FY06. Phase I is 9 weeks in length and is followed by an additional 10 weeks (Phase II) at over 20 MTFs across the country. Questions may be addressed to LTC John Austin at (210) 221-0847 or John.A.Austin@us.army.mil.

Class Name	Report Date	Start Date	Location
00306	21 APR 06	25 APR 06	Fort Sam Houston, TX
00406	30 JUN 06	06 JUL 06	Fort Sam Houston, TX
00506	15 SEP 06	21 SEP 06	Fort Sam Houston, TX

The 91D Branch is currently planning a Surgical Support NCO Short Course to be offered in early summer 2006. The course, a post-graduate symposium, will provide new and critical information to the practicing 91D that is to be taken back and reported to the unit. More information will follow on dates and enrollment procedures.

Of special note, LTC John Austin, Chief of the 91D Branch, presented a poster at AMSUS on their highly successful 91D and VA training initiative. The poster generated much interest and we hope to see even more VA facilities join us as a Phase II training site.

Army Nurse Professional Development Branch: The ANPDB successfully conducted the largest ever Trauma Nursing Core Course (TNCC) in the history of the program. Conducted by the San Antonio Chapter of the Emergency Nurses Association, 135 Officer Basic Course (OBC) Army Nurses were trained and certified in just one weekend with a 100% pass rate! TNCC certification, a new addition to the AN track, is the first phase of an initiative to increase the clinical skills sets of our new Army nurses before they arrive at their first duty stations.

Upcoming Training dates: The following dates are available for the remainder of FY06 for a large variety of classes managed by the ANPDB. Questions may be addressed to LTC Justin Woodhouse (or the POCs listed below) at (210) 221-6073 or Justin.Woodhouse@us.army.mil.

Course	Report Date	Start Date	Location	POC
ABLOC (AMEDD Basic Officer Leadership Course)	27 Mar 06	3 Apr 06	Fort Sam Houston, TX	AN Liaison officer is MAJ Anthony Bohlin at (210) 221-6295 or Anthony.Bohlin@us.army.mil
	4 Jul 06	10 Jul 06		
	18 Sep 06	25 Sep 06		
Captains' Career Course (CCC)	19 Mar 06	20 Mar 06	Fort Sam Houston, TX	
	10 Jul 06	11 Jul 06		
	18 Sept 06	19 Sept 06		
(HNLDC) Head Nurse Leadership Development Course	2 Apr 06	3 Apr 06	San Antonio, TX	LTC Kelly Bramley at (210) 221-6080 or Kelly.Bramley@us.army.mil
	4 Jun 06	5 Jun 06		
	6 Aug 06	7 Aug 06		
ANLC (Advanced Nurse Leadership Course)	30 Apr 06	1 May 06	VTC at local DTS facility	
	17 Sept 06	18 Sept 06		
Perioperative Nursing Course (66E)	18 Jun 06	19 Jun 06	MAMC	LTC Justin Woodhouse at (210) 221-6073 or Justin.Woodhouse@us.army.mil
	7 May 06	8 May 06		
	10 Sept 06	11 Sept 06	WBAMC	
	4 Jun 06	5 Jun 06		
	24 Sept 06	25 Sept 06	BAMC	
OB/GYN Nursing Course (66G)	19 Mar 06	20 Mar 06	TAMC	LTC Justin Woodhouse at (210) 221-6073 or Justin.Woodhouse@us.army.mil
	23 Jul 06	24 Jul 06		
Critical Care Nursing Course (66H8A)	9 Apr 06	10 Apr 06	BAMC	LTC Justin Woodhouse at (210) 221-6073 or Justin.Woodhouse@us.army.mil
	13 Aug 06	14 Aug 06		
	14 May 06	15 May 06	WRAMC	
	10 Sept 06	11 Sept 06		
	23 Apr 06	24 Apr 06	MAMC	
	27 Aug 06	28 Aug 06		
Emergency Nursing Course (66HM5)	9 Apr 06	10 Apr 06	BAMC	LTC Justin Woodhouse at (210) 221-6073 or Justin.Woodhouse@us.army.mil
	13 Aug 06	14 Aug 06		
Psychiatric Nursing Course (66C)	5 Mar 06	6 Mar 06	WRAMC	LTC Justin Woodhouse at (210) 221-6073 or Justin.Woodhouse@us.army.mil
	*13 Aug 06	14 Aug 06	WRAMC	TBD if force structure requirements dictate

Department of Pastoral Ministry Training
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DSN: 471-8721

The Department of Pastoral Ministry Training (DPMT) conducted "Building a Results Oriented Team" with Mr. David Hodge for the AMEDD Center and School Staff and Faculty on September 27, 2005 and was well attended.

DPMT also conducted an additional iteration of Emergency Medical Ministry (EMM) October 24- November 4 2005. The increase of an additional iteration indicates the increase in demand for the course from chaplains and chaplain assistants.

We are very proud of Chaplains Ivery De La Cruz and Jim Duke for their newest achievements. On October 25, 2005 Chaplain (LTC) De La Cruz was certified as the newest Associate Clinical Pastoral Education (CPE) Supervisor in the U.S. Army; on December 2, 2005 Chaplain (MAJ) Duke passed his Regional Certification Committee to become the Army's newest Certified Supervisory Candidate.

We are also experiencing numerous personnel changes in the department. Chaplain (COL) Paul Buck has PCS'd to Tripler Army Medical Center, and the new incoming Department Chief, Chaplain (COL) Thomas Vail, will report January 25, 2006. Chaplain (LTC) George Bearden will retire on January 31, 2005 and the new incoming Training Manager, Chaplain (LTC-P) Daniel Moll, reported in January 17, 2006. SSG Shontel Robinson has PCS'd to Fort Leonard Wood, and SSG Tracey Otto assumed the duties as the new incoming NCOIC.

Upcoming Training Opportunities

There are several upcoming training opportunities of which chaplains and chaplain assistants can take advantage:

Emergency Medical Ministry Course	23 Jan – 3 Feb 06 20 – 31 Mar 06
*Medical Ministry Spiritual Health	2-5 May 06
*Medical Ministry Trauma Recovery Group Dynamics	9-12 May 06
Combat Medical Ministry Course	5-16 Jun 06

**These two courses can be taken in conjunction with each other for two weeks of sustained training.*

Please see course requirements on our website <http://www.cs.amedd.army.mil/chaplain/DPMT>. You may contact the department by emailing dpmt.training@cen.amedd.army.mil, or calling DSN: 471-8609 or COM: 210-221-8609.

Department of Preventive Health Services
COL Brian G. Scott, Chief
(210) 221-8909
DSN: 471-8909

On short notice the Department of Preventive Health Services (DPHS) sent several officers from its branches to serve as facilitators for the City of San Antonio's Response to Hurricanes Lessoned Learned conference. The officers received facilitator training the day prior to the conference and made significant contributions to the success of the event.

DPHS and the Center for Health Promotion and Preventive Medicine (CHPPM) are working together to rewrite FM 8-250, Preventive Medicine Specialist. This is the first major rewrite of this document in over 20 years and will serve as the fundamental guide for the 91S MOS, Preventive Medicine Specialist.

The **Community Health Practices Branch** conducted a mobile training team visit to Germany to conduct the 6H-F9/322-F9 Sexually Transmitted Disease (STD) Intervention Course – Phase 2. One class was conducted in Wurzburg and one was conducted in Landstuhl. A total of 39 students were trained with the knowledge and skills essential to the prevention and control of STDs in U.S. military forces.

The **Environmental Quality Branch** (EQB) sent a representative to attend the Joint Environmental Surveillance Working Group (JESWG). As the source of training on the Defense Occupational and

Environmental Health Readiness System (DOEHRS), EQB provides insight into the development of policy to recognize and deal with the types of environmental health risks facing servicemembers of today and into the future. Additionally, EQB was awarded a \$780,000 contract to develop an internet-based Field Sanitation Team (FST) training package that will serve Soldiers Army-wide.

The **Medical Zoology Branch** (MZB) developed a DOD Insect Repellant System training program which can be found at <http://ke.army.mil/irp>. The program is an informational course covering the different aspects of the DoD Insect Repellant System. Throughout the course of military history, more casualties have resulted from disease and non-battle injuries (DNBI) than from direct combat injury. MZB also sent two personnel to participate in the Armed Forces Pest Management Board (AFPMB). They serve in various levels of responsibility on numerous committees such as Natural Resource, Pesticide Equipment, Repellents, Education and Training, and Contingency Advisement.

MZB, at the invitation of the AFPMB, gave a presentation on Personal Protective Measures and Repellents used against Disease Vectors during the Symposium entitled, Medical Entomology Research in the U.S. Military, at the Annual American Entomological Association of America.

The **Mental Health Specialist Branch** (MHSB) deployed two Soldiers in support of Operation Iraqi Freedom. One NCO is deployed to Abu Ghraib where they serve on a Behavioral Sciences Consultation Team. The other NCO deployed to support the Mental Health Assessment Team (MHAT). The mission of the MHAT is to assess the behavioral health of Soldiers in Iraq.

MHSB also presented Certificates of Appreciation to the staff at four local hospitals used for the Directed Clinical Practicum portion of the Mental Health Specialist Course (302-91X10): Kerrville State Hospital, San Antonio State Hospital, Audie Murphy Veteran's Administration Hospital, and Wilford Hall Air Force Medical Center. Staff members at these facilities have been highly supportive in the training of our students. Department and branch staff visited the sites to recognize their great efforts on the behalf of Soldiers. Additionally, MHSB reduced academic attrition of the 302-91X10 Course from 30% (Class 5-04) to 5% (Class 4-05) through numerous initiatives that stressed an investment strategy.

The **Nuclear, Biological, and Chemical Sciences Branch** (NBC) created a web based module and a training CD-ROM to address radiation safety for U.S. and Coalition Forces in Iraq. This training is designed for both clinicians and non-clinicians and was in response to a request for a web-based radiation safety training program. NBC was instrumental in having approximately 25 hours of NBC training added to the Officer Basic Leader Course (OBLC) for FY 2006.

NBC sent two personnel to attend classified briefings from Analytical Services (ANSER), a branch of Department of Homeland Security, to discuss CBRNE scenarios and responses. These briefings allow for successful CBRNE response in a joint operation environment. They also sent two personnel to Fort Leonard Wood to serve as Observer/Controllers (OCs) for USAR collective protective shelters and personnel mass decontamination procedures training.

The Soldier and Family Support Branch (SFSB) received training at Fort Lewis from Walter Reed Army Institute of Research (WRAIR) on methodology to conduct behavioral health assessments of Combat Stress Control (CSC) units. This training on the usage and applicability of the Unit Behavioral Health Needs Assessment Survey (UBHNAS) allows for units to be trained on specific areas identified through the survey.

SFSB also conducted two CSC mobile training teams. One event was conducted with the 1972nd CSC Company of the Washington National Guard in preparation for their deployment to OIF. The second was conducted with the 212th Medical Detachment (CSC), Fort Campbell, KY in preparation for their deployment to OIF.

Additionally, LTC Mustapha Debboun, Chief of MZB, has either authored or coauthored the following publications in the past 90-120 days which have been published or are in press:

Debboun, M., R. Burge, J.A. Klun, and T.A. Klein. 2005. Field-User Acceptability of New Camouflage Face Paint Formulations in the Republic of Korea. *Military Medicine*, 170(10): 831-835.

Debboun, M., J.A. Klun, and D. Strickman. 2006. Repellents and the Military: Our first Line of Defense. (In Press to be published in the next issue of the Journal of the American Mosquito Control Association).

Debboun, M., D. Kuhr, L.M. Rueda, and J.E. Pecor. 2006. First State Record of *Culex coronator* in Louisiana, USA. (In Press to be published in the next issue of the Journal of the American Mosquito Control Association).

Klun, J., A. Khimian, and M. Debboun. 2006. Repellent and Deterrent Effects of SS220, Picaridin, and Deet Suppress Human Blood Feeding by *Aedes aegypti*, *Anopheles stephensi*, and *Phlebotomus papatasi*. (In Press to be published in the next issue of the Journal of Medical Entomology).

International Military Student Office
Mr. Oscar Ramos-Rivera, Chief
(210) 221-6020
DSN: 471-6020

Guided by the Department of Defense directive 5410.17, Informational Program for Foreign Military Trainees in the United States, all International Military Students (IMS) and military-sponsored visitors in the United States are to be given every opportunity to obtain a balanced understanding of U.S. society, institutions, and ideals to increase that individual's awareness of the basic issues involving internationally recognized human rights.

The field studies program consists of several field trips to various locations within the state of Texas and other parts of the United States throughout the entire period of training. IMS attending the AMEDD Captains Career Course and the Medical Strategic Leadership Program are also afforded the opportunity to visit Washington, D.C. as part of the course curriculum. The main objective of the program is to assist the IMS in acquiring a balanced understanding of American government and society in addition to their training and military experiences while in the United States. Studies also include visits to private homes, industry, cultural exhibits, farms, schools, historical points of interest and civic activities which are normally scheduled during non-POI time. Another vital aspect of the program is the sponsorship program. Sponsorship programs, both military and civilian, are voluntary and labor-intensive, but their value cannot be overestimated. The IMSO will exercise care in selecting sponsors who have a genuine interest in helping international students and their families to understand the American people through cultural immersion. Anyone may contact the IMSO if interested on a sponsor.

Leader Training Center
COL James E. Gordon, Chief
(210) 221-7488
DSN: 471-7488

The Leader Training Center has continued its efforts to provide the best possible training and leader development to its officer/students in order to ensure that Medical Command and the United States Army possesses the best officer leadership in the world. Special emphasis has been placed on developing instruction that imparts on our students the professional skills and intellectual flexibility to meet the Army's dual requirements of fighting the Global War on Terrorism while undergoing Transformation.

Medical Operations Branch
LTC John A. Smith: (210) 221-7427

The Medical Operations Branch has focused on the revision of the Captain Career Course (CCC) for the past 90 days. Significant changes include the addition of a Leader Development block, the addition of an Integrated Combat Casualty Care Systems block, the fusion of the Battalion and Brigade blocks into a Brigade Combat Team block, and the conversion of the Stability and Support Operations and Medical Unit Staffs in Operation (MUSIO) blocks into a Medical Combined Arms Exercise (MCAX). In our upcoming class we will launch a pilot program that incorporates wireless network technology in the Small Group learning environment. Specifically,

the students of this pilot group will operate in a "paperless" environment and will utilize their issued laptop computer with wireless network access to collaborate on group projects, to access electronic reference material, and to incorporate relevant information systems into practical exercises. Additionally, critical tasks from the Brigade/Division Surgeons Course (BSC) and the Forward Surgical Team (FST) Commanders Course are being integrated into the Captain Career Course for the purpose of qualifying officers who graduate from the CCC as graduates of the BSC and FST courses. Development of the revised Phase 1 for the Captain Career Course continues on time with an anticipated completion in August 2006. Along with that change a memo has been signed that provides for the transition from the legacy Phase 1 to the new Phase 1. (POC: Robert C. Leeds @ 210-221-7453)

Medical Strategic Leadership Program

Mr. Ken Knight: (210) 221-8571

The March 2006 Medical Strategic Leadership Program will be conducted from 9 March – 1 April 2006. Among participants to this program iteration include attendees from Germany, Czech Republic, Armenia, Japan, Lebanon and Romania. All U.S. seats are filled, with six of the ten U.S. attendees identified by name and the other four being worked through their Corps Chiefs and the USAR AMEDDC&S LNO officer respectively. All preparation for this program is on-going and on track. COL Gordon will also accompany the class during week three in New York City and Washington D.C., and MG Joe Webb, Deputy Surgeon General, plans to join the program in New York City

Executive Skills Branch

Dr Jody Rogers: (210) 221-8530

Mr. Gregg Stevens and Dr. Jody Rogers successfully completed another Leadership Course for the US Army-Baylor University Graduate Program in Healthcare Administration (HCA). Leadership is now a mandatory core course for all US Army/Baylor HCA students.

The AMEDD Executive Skills Course has been scheduled for 16-21 April at the Sheraton Gunther Hotel, and is currently anticipating 55 students. Mr. Gregg Stevens has moved on to be the Assistant Chief of Staff at the AMEDD Center and School. His replacement has not been named. The Center for Leadership Excellence continues to grow. A newsletter is planned for the near future.

Combined Arms Branch

LTC Daniel P. Mahoney: (210) 221-3276/7765

The Combined Arms Branch continues to provide instructional support to the other teaching branches within LTC as well ANCOC and BNCOC. In the late fall, the branch completed a major upgrade of the audio visual capabilities of the Rock Drill Facility to include the installation of a new microphone and sound system, screens, and enhanced projection capabilities.

Command and Staff Training Branch

LTC Arthur Jackson: (210) 221-6148

The Command and Staff Training Branch is responsible for the development and execution of the following courses:

- Army Medical Department Pre-Command Course
- 70H - Health Services Plans, Operations, Intelligence, Training and Forward Surgical Team Forward Surgical Team (FST) Commanders Course
- Division Surgeon Course
- Brigade Surgeon Course

During FY05, the branch has been responsible for the training of nearly 200 students for these five courses. The branch actively recruits a number of these students for attendance to our courses and can be credited with running the first FST Commanders' Course in nearly four years. As for other milestones, the branch has for the first time in five been able to solicit and acquire additional funds to run a third iteration of the 70H Course in order to meet the demands of the Army. This additional course will be conducted in the summer of FY06 and will support training of an additional 40 Soldiers (Officers and Senior NCO's).

The branch has also been involved with assisting the AMEDD Lesson's Learned Department with the development of an email mailing list of Division and Brigade Surgeons to assist in the distribution and exchange of information. With the support of the Digital Training Division, the branch has also recently updated its online digital training package of the Brigade and Division Surgeon Course.

We are looking forward to supporting the needs of the Army and serving you in the future. For questions or comments concerning the branch or the courses we provide please feel free to contact either LTC Art Jackson at arthur.jackson@amedd.army.mil , SGM(R) Jeff Mankoff at jeff.mankoff@amedd.army.mil or Ms. Wendy Ricondo at wendy.ricondo@amedd.army.mil.

U.S. Army School of Aviation Medicine
Fort Rucker, Alabama
COL Monica B. Gorbandt, Dean
(334) 255-7409
DSN: 558-7409

The US Army Operational Problems Course

The US Army School of Aviation Medicine and the University of Texas Medical Branch Aerospace Medicine Residency are proud to return this year in partnership with the TRUE Research Foundation to provide the 2nd Annual MICE conference. This conference includes the Pushing the Envelope VIII, 27th Annual Army Operational Aeromedical Problems Course (OAP) and the US Coast Guard Operational Aeromedical Problems Course (OAP)!!!

This unique conference is designed for physicians and health professionals interested in the practice of medicine in unusual, exotic and/or dangerous environments. Speakers at the conference will include top experts in the fields of space, aviation, extreme sports, WMD, undersea, military, motor sport, mountaineering, and diving medicine.

This year's conference will be held at Moody Gardens Hotel and Conference Center in Galveston, Texas from 12-16 February 2006. Hope to see you all there!

Point of contact is MAJ Justin Woodson, USASAM, (334) 255-7334 , DSN 558-7334.

Joint Enroute Care Course (JECC)

The Joint Enroute Care Course (JECC) is the DoD's only rotary wing critical care transport course. Focused on the intra-theater transport of critically ill or injured patients in a combat zone, the JECC fills an identified training gap in post-intervention care.

In 2005, the tri-service course underwent curriculum evaluation during two classes at the United States Army School of Aviation Medicine (USASAM). The JECC received full AHS approval in October, 2005.

In February, USASAM will take the JECC to the next level when a mobile training team departs for Afghanistan in support of the 10th Mountain Division and the 14th Combat Support Hospital. During three classes to be held in Khandahar and at Baghram Airbase, nurses, physicians, physician assistants and flight medics will learn the skills necessary to provide critical care in the air.

Redesigned Website Announcement: US Army School of Aviation Medicine Launches 2 New Sites

Home Page Web Address: <http://usasam.amedd.army.mil>

AKO Web Address: [https://www.us.army.mil/suite/portal.do?\\$p=144285](https://www.us.army.mil/suite/portal.do?$p=144285)

USASAM is pleased to present the newly redesigned USASAM website and the new AKO website with knowledge centers. The new sites provide easy access to information on the activities and services of the School of Aviation Medicine, as well as links to a variety of locations that are valuable resources to the Aeromedical discipline. Among the information provided on our site:

- USAAMA Policy Letters and Technical Bulletins

- Medical Evacuation Proponent Information and Links
- Keys documents on Army Resource Management Survey's
- Aeromedical course information
- DL Courses
- Directory for contact information

We hope these sites are useful and welcome feedback. Help us to make these sites your Aeromedical focal point (portal).

For comments on the website: imo.usasam@amedd.army.mil

Incoming U.S. Army School of Aviation Medicine Assistant Dean

LTC Vincent Carnazza will assume the USASAM Assistant Dean duties on 1 February 2006. LTC Carnazza was previously assigned to the Pacific Army Regional Command, Tripler Army Medical Center in Hawaii. This is his second tour with USASAM and his leadership, experiences, and technical expertise will be an added asset to the team.

The AHS Update is produced by the Office of the Dean, Academy of Health Sciences (MCCS H), 2250 Stanley Road, Ste 310, Fort Sam Houston, TX 78234-6130. COL David L. Maness, Dean. Mail to: David.Maness@amedd.army.mil. Send questions or comments to: MAJ Kenneth Kovats, Assistant to the Dean at (210) 221-7314 or Kenneth.Kovats@amedd.army.mil. The views and opinions expressed are not necessarily those of the Army, the AMEDD Center and School, or the Academy of Health Sciences.

An electronic version of this newsletter is available at <https://www.cs.amedd.army.mil/documents.aspx?docs=212>